

County: Washington
 SAMARITAN HEALTH CENTER
 531 EAST WASHINGTON STREET

Facility ID: 8030

Page 1

WEST BEND 53095 Phone:(262) 335-4500
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 228
 Total Licensed Bed Capacity (12/31/02): 228
 Number of Residents on 12/31/02: 222

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 222

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			23.9
Supp. Home Care-Personal Care	No						More Than 4 Years			54.1
Supp. Home Care-Household Services	No		Developmental Disabilities	1.4	Under 65	4.1				22.1
Day Services	No		Mental Illness (Org./Psy)	31.1	65 - 74	7.2				-----
Respite Care	Yes		Mental Illness (Other)	5.4	75 - 84	31.5				100.0
Adult Day Care	Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	42.8	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.4	Full-Time Equivalent			
Congregate Meals	Yes		Cancer	1.8		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	Yes		Fractures	0.9		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	13.5	65 & Over	95.9	-----			
Transportation	No		Cerebrovascular	16.2		-----	RNs			7.6
Referral Service	No		Diabetes	11.3	Sex	%	LPNs			10.1
Other Services	No		Respiratory	8.1	-----	-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	10.4	Male	30.6	Aides, & Orderlies			
Mentally Ill	No			-----	Female	69.4				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	Yes					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			2	1.2	139	0	0.0	0	2	3.6	193	0	0.0	0	0	0.0	0	4	1.8
Skilled Care	6	100.0	338			141	87.6	122	0	0.0	0	51	92.7	166	0	0.0	0	0	0.0	0	198	89.2
Intermediate	---	---	---			15	9.3	100	0	0.0	0	2	3.6	153	0	0.0	0	0	0.0	0	17	7.7
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			3	1.9	181	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.4
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0				161	100.0		0	0.0		55	100.0		0	0.0		0	0.0		222	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally		Total
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent		Number of Residents
Private Home/No Home Health		12.2	Bathing		4.1	60.8		35.1	222
Private Home/With Home Health		4.9	Dressing		8.6	64.9		26.6	222
Other Nursing Homes		39.0	Transferring		29.3	54.1		16.7	222
Acute Care Hospitals		37.8	Toilet Use		24.3	57.7		18.0	222
Psych. Hosp.-MR/DD Facilities		0.0	Eating		65.8	21.2		13.1	222
Rehabilitation Hospitals		0.0							
Other Locations		6.1	*****						
Total Number of Admissions		82	Continence		%	Special Treatments		%	
Percent Discharges To:			Indwelling Or External Catheter		8.6	Receiving Respiratory Care			6.3
Private Home/No Home Health		4.9	Occ/Freq. Incontinent of Bladder		52.7	Receiving Tracheostomy Care			0.0
Private Home/With Home Health		11.0	Occ/Freq. Incontinent of Bowel		26.1	Receiving Suctioning			0.0
Other Nursing Homes		2.4				Receiving Ostomy Care			2.3
Acute Care Hospitals		8.5	Mobility			Receiving Tube Feeding			1.8
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		1.4	Receiving Mechanically Altered Diets			35.1
Rehabilitation Hospitals		0.0							
Other Locations		0.0	Skin Care			Other Resident Characteristics			
Deaths		73.2	With Pressure Sores		3.2	Have Advance Directives			100.0
Total Number of Discharges			With Rashes		4.1	Medications			
(Including Deaths)		82				Receiving Psychoactive Drugs			55.0

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities									

		This Facility	Ownership: Government		Bed Size: 200+		Licensure: Skilled		All
		%	Peer Group		Peer Group		Peer Group		Facilities
			%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		97.4	96.8	1.01	80.4	1.21	84.2	1.16	85.1 1.14
Current Residents from In-County		83.3	84.4	0.99	83.5	1.00	85.3	0.98	76.6 1.09
Admissions from In-County, Still Residing		46.3	46.5	1.00	25.1	1.84	21.0	2.21	20.3 2.28
Admissions/Average Daily Census		36.9	40.7	0.91	101.8	0.36	153.9	0.24	133.4 0.28
Discharges/Average Daily Census		36.9	41.4	0.89	107.7	0.34	156.0	0.24	135.3 0.27
Discharges To Private Residence/Average Daily Census		5.9	8.1	0.72	34.2	0.17	56.3	0.10	56.6 0.10
Residents Receiving Skilled Care		91.0	90.9	1.00	89.6	1.02	91.6	0.99	86.3 1.05
Residents Aged 65 and Older		95.9	95.0	1.01	90.9	1.06	91.5	1.05	87.7 1.09
Title 19 (Medicaid) Funded Residents		72.5	72.7	1.00	68.5	1.06	60.8	1.19	67.5 1.07
Private Pay Funded Residents		24.8	23.9	1.04	18.7	1.32	23.4	1.06	21.0 1.18
Developmentally Disabled Residents		1.4	0.7	1.88	0.7	1.98	0.8	1.68	7.1 0.19
Mentally Ill Residents		36.5	38.8	0.94	38.5	0.95	32.8	1.11	33.3 1.09
General Medical Service Residents		10.4	17.9	0.58	16.9	0.61	23.3	0.45	20.5 0.51
Impaired ADL (Mean)		47.8	48.2	0.99	52.1	0.92	51.0	0.94	49.3 0.97
Psychological Problems		55.0	57.7	0.95	54.1	1.02	53.9	1.02	54.0 1.02
Nursing Care Required (Mean)		6.6	7.1	0.93	7.7	0.85	7.2	0.92	7.2 0.92